

# PT B—ISSUE FEE TRANSMITTAL

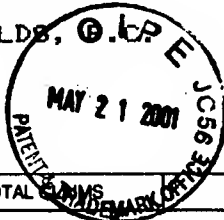
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Paula Depelteau

(Depositor's name)

*Paula Depelteau*  
5/18/01

(Signature)

(Date)

| APPLICATION NO.       | FILING DATE | TOTAL CLAIMS                      | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
|-----------------------|-------------|-----------------------------------|-----------------------------|---------------|
| 09/121,781            | 07/23/98    | 043                               | SALIMI, A                   | 1648 05/08/01 |
| First Named Applicant | LAROSA      | 35 USC 154(b) term ext. = 0 Days. |                             |               |

TITLE OF INVENTION: **ANTI-CCR2 ANTIBODIES AND METHODS OF USE THEREFOR**

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE               | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------------------|----------|
| 1 LKS98-04        | 424-130.100    | G14       | UTILITY     | NO YES       | \$1240.00<br>\$620.00 | 08/08/01 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith  
& Reynolds, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate if the assignee has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Millennium Pharmaceuticals, Inc.**

(B) RESIDENCE: (CITY & STATE OR COUNTRY) **Cambridge, Massachusetts**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

*Diana M. Treannie* (41,368)

(Date)

**5-18-01**

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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05/22/2001 BSAVAS12 00000078 09121781

01 FC:142

02 FC:361

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